

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90355 022 ***150.00

| | | | |
|--|--|---|--|
| DOCUMENT # P99000103307 1. Entity Name A & M ACCOUNTING & MANAGEMENT CO. INC. | | | |
| Principal Place of Business 1691 N.E. 123RD STREET NORTH MIAMI, FL 33181 | | Mailing Address 1691 N.E. 123RD STREET NORTH MIAMI, FL 33181 | |
| 2. Principal Place of Business 8910 Byron Ave Suite, Apt. #, etc. | | 3. Mailing Address 8910 Byron Ave Suite, Apt. #, etc. | |
| City & State SURFSIDE FL | | City & State SURFSIDE FL | |
| Zip 33154 | | Zip 33154 | |
| Country | | Country | |
| 6. Name and Address of Current Registered Agent ROMANIUK, MABEL 8910 BYRON AVENUE SURFSIDE, FL 33154 | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D ROMANIUK, MABEL 8910 BYRON AVENUE SURFSIDE, FL 33154 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D JAVIER, AMELIA 9449 BYRON AVENUE SURFSIDE, FL 33154 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date 4/10/05 Daytime Phone # 305 8932669 | |

50040979



04162005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0964956
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required